## ^2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000116458**

Entity Name
 UBILAM PROPERTIES, INC.

FILED
Mar 24, 2004 08:00 AM
Secretary of State

Principal Place of Business C/O DAVID G. BUDD 3033 RIVIERA DRIVE #201 NAPLES, FL 34103 Mailing Address
C/O DAVID G. BUDD
3033 RIVIERA DRIVE #201
NAPLES, FL 34103



## DO NOT WRITE IN THIS SPACE

02242004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applied For Not Applied For Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

BUDD, DAVID G 3033 RIVIERA DRIVE SUITE 201 NAPLES, FL 34103

## DO NOT WRITE IN THIS SPACE

1401 220, 12 34103										
	named entity submits this statement for the plions of registered agent.	urpose of changing its reg	istered offic	e or n	egistered agent, or bo	th, in the State of Florida. I am familiar v	with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and title in	spokable. (NOTE: Rej	gistered Agent s	ignature	recured when remarking)	DATE	·			
	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu			\$5.00 May Be Added to Fees	U00000095341 03/24/04-80028-006	150.00			
10.	OFFICERS AND DIREC	TORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BUDD, DAVID G 3033 RIVIERA DRIVE #201 NAPLES, FL 34103									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT STARMAN, SHELDON W 4099 TAMIAMI TRAIL N STE 400 NAPLES, FL 34103									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, JULIA M 9201 W. OLYMPIC BLVD., STE 200 BEVERLY HILLS, CA 90212	-			DO	DO NOT WRITE				
TRILE NAME STREET ADDRESS CITY-ST-ZIP	AS LAPIN, DAVID A 9201 W. OLYMPIC BLVD., STE 200 BEVERLY HILLS, CA 90212				IN THIS SPACE					
RITLE NAME STREET ADDRESS GITY-ST-ZIP										

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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TITLE
NAME
STREET ADDRESS
CITY -ST-70P

Way as a printer have of schilling deficer or director

3/19/04

(239) 26357700

Date

Daytime Phone #